

100-4 PGT/PTO 22 APR 2005

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532399

FILING DATE

APPLICANT(S)

**CLAIMS**

|              | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 1            | /        | /    |                                    |      |                                    |      |
| 2            |          | /    |                                    |      |                                    |      |
| 3            |          | /    |                                    |      |                                    |      |
| 4            |          | /    |                                    |      |                                    |      |
| 5            |          | /    |                                    |      |                                    |      |
| 6            |          | /    |                                    |      |                                    |      |
| 7            |          | X    |                                    |      |                                    |      |
| 8            | /        |      |                                    |      |                                    |      |
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| TOTAL IND.   | 2        | ↓    |                                    | ↓    |                                    | ↓    |
| TOTAL DEP.   | X 6      | ←    |                                    | ←    |                                    | ←    |
| TOTAL CLAIMS | X 8      |      |                                    |      |                                    |      |

|              | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 51           |          |      |                                    |      |                                    |      |
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| 81           |          |      |                                    |      |                                    |      |
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| 87           |          |      |                                    |      |                                    |      |
| 88           |          |      |                                    |      |                                    |      |
| 89           |          |      |                                    |      |                                    |      |
| 90           |          |      |                                    |      |                                    |      |
| 91           |          |      |                                    |      |                                    |      |
| 92           |          |      |                                    |      |                                    |      |
| 93           |          |      |                                    |      |                                    |      |
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| 99           |          |      |                                    |      |                                    |      |
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| TOTAL IND.   |          | ↓    |                                    | ↓    |                                    | ↓    |
| TOTAL DEP.   |          | ←    |                                    | ←    |                                    | ←    |
| TOTAL CLAIMS |          |      |                                    |      |                                    |      |